

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____		FILING DATE _____			
							APPLICANT(S) _____					
CLAIMS												
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
2							1					
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48							1					
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50							1					
TOTAL IND.							1					
TOTAL DEP.							1					
TOTAL CLAIMS							1					
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										* IND.	* DEP.	
* IND.										* DEP.	* IND.	* DEP.
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